accepted PC 7/16/09

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FORM APPROVED

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2569NTC	A. BUILDING _____ B. WING _____	06/24/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR BEHAVIORAL HEALTH LV-DESE	3050 E DESERT INN RD SUITE 116 LAS VEGAS, NV 89121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 00	INITIAL COMMENTS This Statement of Deficiencies was generated as the result of a State Licensure survey conducted at your facility on 6/24/09. The State Licensure survey was conducted in accordance with Chapter 449, Facilities for Treatment with Narcotics; Medication Units, effective April 15, 1998. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	N 00	See attached response RECEIVED JUL 14 2009 BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA	
N169 SS=E	449.1548(4) OPERATIONAL REQUIREMENTS In addition to all other requirements set forth in NAC 449.154 to 449.15485, inclusive, each facility for treatment with narcotics and each medication unit shall: 4. Be in full compliance with all applicable provisions of 42 C.F.R. Part 8, all other applicable federal laws and regulations and all other requirements of the SAMHSA and the DEA. This Regulation is not met as evidenced by: 42 Code of Federal Regulations 8.12 Federal opioid treatment standards (c) Continuous quality improvement. (1) An OTP must maintain current quality assurance and quality control plans that include, among other	N169		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rochelle Lee	Program Director	7/9/09

State of Nevada
Department of Health and Human Services
Health Division
Bureau of Health Care Quality and Compliance

July 6, 2009

Re: State Licensure Survey conducted on June 24, 2009

Below is Center for Behavioral Health response to the above mentioned State Licensure Survey at location, 3050 E. Desert Inn #116 Las Vegas, Nevada 89121

Recommendation 42 Code of Federal Regulation (CFR), Part 8

Not annually reviewing its policies and procedures.

Center for Behavioral Health annually reviews the Policies and Procedures. Center for Behavioral Health will continue to review Policies and Procedures annually and will provide current documentation of reviews signed and dated by Program Sponsor. Documentation of reviews will be kept in Policies and Procedures log. See enclosed Policy and Procedure Administrative Review form. (Attachment 1, Tag N169). OK PC

Recommendation 8.12 (c) (4)

Patient #2 – Admission date was 9/7/07. The file did not contain an annual physical for 2008.

As of June 29, 2009, Center for Behavioral Health has developed a medical tracker that includes patients admit date and date of physical/annual completed. See enclosed medical tracker. (Attachment 2a, Tag N169). At the beginning of each month, nurses review the medical tracker and identify patients who are due for an annual physical. Nurses will mark cardex and annual physical will be completed when due. Completed annual physical will be filed by nurses in patient file. This medical tracker will be updated and maintained on a monthly basis to ensure that all annual physicals are completed when due. Each month, a nurse and director will sign a form verifying that annual physicals due for each month are complete. See enclosed form. (Attachment 2b, Tag N169). OK PC

Recommendation 8.12 (e) (1)

Patient #9 - The patient transferred from another clinic on 3/18/09. The file did not contain the second page of the informed consent with the patient's signature.

Patient #9 and Program Director re-reviewed informed consent. Patient re-initialed and signed informed consent. Form was placed in patient file by Program Director. Clinical Director and Program Director will review charts upon intake or transfer to ensure that all OK PC

necessary forms are signed and completed thoroughly. See enclosed informed consent. (Attachment 3, Tag N169).

Recommendation 8.12 (c) (4)

Patient #13 – Admission date was 8/25/06. The file contained an annual physical dated 4/4/08 but did not contain an annual physical for April of 2009. The file also did not contain an annual bio-psychosocial assessment for 2008.

An annual physical for 2009 was completed for patient #13. (See attachment 4a, Tag N169). As of June 29, 2009, Center for Behavioral Health has developed a medical tracker that includes patients admit date and date of physical/annual completed. See enclosed medical tracker. (Attachment 2a, Tag N169). At the beginning of each month, nurses review the medical tracker and identify patients who are due for an annual physical. Nurses will mark cardex and annual physical will be completed when due. Completed annual physical will be filed by nurses in patient file. This medical tracker will be updated and maintained on a monthly basis to ensure that all annual physicals are completed when due. Each month, a nurse and director will sign a form verifying that annual physicals due for each month are complete. See enclosed form. (Attachment 2b, Tag N169).

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As of June 29, 2009 Center for Behavioral Health has developed a patient tracker that includes all due dates for all sections of patients chart, including dates of when bio-psychosocial assessments have been completed. Counselors review their trackers daily and complete annual bio-psychosocial when due. Counselors complete a monthly peer file review on patient charts to ensure that all forms are completed when due. Clinical Director and Program Director will review counselor's patient trackers and peer file reviews to ensure that forms are completed when due. See enclosed patient tracker. (Attachment 4b, Tag N169).

Recommendation 8.12. 2(i). 3

Patient #14 – Counselor notes dated 1/12/09 indicated the patient's take home privileges were reduced to Level I (daily) due to the benzodiazepine policy. A take home justification form dated 1/20/09 indicated the patient was reduced to Level I (daily) due to a urinalysis report. The medication administration record indicated the patient's take home level was Level IV (weekly). The "tracker" also indicated the patient's take home level was Level IV (weekly). The file did not contain any subsequent justification forms after 1/12/09 or 1/20/09 increasing the patient's take home privileges from Level I to Level IV.

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Review of patient file indicated that the Benzodiazepine release of information regarding the patient's prescription was verified and therefore the patient was not reduced to Level

1 (daily). A note was documented regarding this error and a current note was added indicating correct take home status. See note. (Attachment 5a, Tag N169).

The take home justification form dated 1/20/09 indicating that the patient was reduced to daily was reviewed and voided by Dr. . See take home justification form. (Attachment 5b, Tag N169).

On July 9, 2009, Clinical Director will complete an in-service to staff on the Benzodiazepine Policy and Procedure. See signed in-service attendance sheet. (Attachment 6, Tag N169). All take home privileges will be staffed during weekly staff meetings. Monthly peer file reviews will be conducted by counselors to ensure that proper documentation is in chart. Directors will conduct random chart audits to ensure that proper documentation is in chart.

Recommendation 8.12 (c) (4)

Patient #16 – Admission date was 11/8/07. The file did not contain an annual bio-psychosocial assessment for 2008.

As of June 29, 2009 Center for Behavioral Health has developed a patient tracker that includes all due dates for all sections of patients chart, including dates of when bio-psychosocial assessments have been completed. Counselors review their trackers daily and complete annuals bio-psychosocial when due. Counselors complete a monthly peer file review on patient charts to ensure that all forms are completed when due. Clinical Director and Program Director will review counselor's patient trackers and peer file reviews to ensure that forms are completed when due. See enclosed patient tracker. (Attachment 4b, Tag N169). OK PC

Recommendation 8.12 (6)

Patient #17 – Admission date was 6/8/09. The medication record indicated the patient's urine was positive for opiates, but the file did not contain a laboratory urinalysis report.

See enclosed urine drug screen that was collected from patient #17 on admission date of 6/8/09. (Attachment 7, Tag N169). Upon receiving urine drug screen results, all counselors will file results in patient file. Monthly peer file reviews as well as random chart audits will be completed to ensure that all urine drug screen results are filed. OK PC

Recommendation 1011.2

During a tour of the facility at 5:30AM, the exit sign located near dosing window #1 was not illuminated.

OK PC

Exit light bulbs were replaced and exit lights are illuminated. The question, "Exit lights illuminated?" was added to the Facility Inspection Report that is completed on a quarterly basis. See enclosed revised Facility Self-Inspection Report. (Attachment 8, Tag N175).